



City of Harrington

CHANGE OF ADDRESS REQUEST

(requests can only be made by owner of the property)

UTILITY ACCOUNT NO.: _____

TAX MAP NUMBER: _____

Please mark all that apply:

- ☐ Rental License
- ☐ Business License
- ☐ Mobile Home License
- ☐ Contractor License

CURRENT INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

CHANGES:

NAME*: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL (optional): _____

DATE: _____

SIGNATURE: _____

*Form must be accompanied by a copy of a state or federally issued photo ID with signature.